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# DEPRESSION: A GUIDE TO UNDERSTANDING AND MANAGING LOW MOOD

## Section guide

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## Section 1: What is Depression?

Depression is a common mental health condition that causes *persistent sadness, hopelessness, and a loss of interest or pleasure in daily activities*. It can impact thoughts, behaviours, relationships, and overall well-being. Unlike *temporary sadness*, depression *persists for weeks or months* and can *interfere with work, social life, and daily responsibilities*.

### Prevalence

Depression is one of the most common mental health conditions worldwide. In the UK:

- ✓ *1 in 6 adults* experience a common mental health problem *in any given week*.
- ✓ Depression affects people of *all ages, genders, and backgrounds*, but certain groups (such as those with chronic illness or social isolation) are at higher risk.

### Types of Depression

Depression *presents in different forms*, which can vary in severity and duration:

- **Mild Depression** – Has *some impact on daily life*, but individuals can still function.
- **Moderate Depression** – Symptoms are *more pronounced*, affecting *work, relationships, and responsibilities*.
- **Severe Depression** – Daily life *feels nearly impossible* to manage. May include *thoughts of self-harm or suicide*, or in some cases, *psychotic symptoms* (e.g., hallucinations, delusions).

- **Chronic Depression** – A *persistent, lower-level depression* lasting *two years or more*, often affecting energy and motivation.
- **Postnatal Depression** – Occurs after *childbirth*, affecting *both mothers and fathers*.
- **Seasonal Affective Disorder (SAD)** – Depression linked to *seasonal changes*, often *worse in winter* due to reduced sunlight exposure.

## **Depression vs. Sadness – What's the Difference?**

It's essential to distinguish *clinical depression* from *normal sadness*:

Sadness	Depression
<b>A natural emotional response</b> to life events (e.g., loss, stress).	<b>A persistent medical condition</b> affecting emotions, energy, and thoughts.
<b>Usually temporary</b> , easing with time or positive experiences.	<b>Lasts for weeks or months</b> , often without an obvious cause.
<b>Does not usually interfere</b> with work or relationships.	<b>Significantly impacts daily functioning</b> , making even basic tasks difficult.

Recognizing depression is the *first step toward seeking the right support*. If symptoms *persist for more than two weeks*, speaking to a *GP or mental health professional* can help guide the next steps.

## **Section 2: Symptoms & How to Recognize Depression**

Depression affects people in *different ways*. Symptoms can be *emotional, physical, cognitive (thinking-related), or behavioural*. The *severity* varies from mild to severe, but *all forms of depression* can impact daily life.

### **1 Emotional Symptoms**

- **Persistent low mood** or *sadness* that doesn't improve.
- **Feeling hopeless** or *helpless* about the future.
- **Loss of interest** in activities once enjoyed (*anhedonia*).
- **Feelings of guilt** or *worthlessness*, even without reason.
- **Increased irritability** or *frustration*, even over small things.
- **Feeling emotionally numb** or *empty*.

### **2 Physical Symptoms**

- **Changes in sleep**: Struggling to fall asleep (*insomnia*) or sleeping too much.
- **Fatigue or loss of energy**, even after resting.
- **Changes in appetite**: Eating too much or too little, leading to weight gain or loss.
- **Unexplained aches and pains**, including headaches or stomach issues.
- **Slowed movements or restlessness** (agitation or feeling "wired").

### 3 Cognitive (Thinking) Symptoms

- **Difficulty concentrating, making decisions, or remembering things.**
- **Negative thoughts** about yourself, the world, or the future.
- **Feeling detached** or emotionally disconnected from others.
- **Repetitive thoughts of self-criticism or failure.**
- **Suicidal thoughts** (in severe cases—*urgent help is needed*).

### 4 Behavioural Symptoms

- **Avoiding social situations** or *withdrawing from family and friends*.
- **Struggling with daily tasks**, including work or self-care.
- **Losing motivation** to exercise, eat well, or maintain routines.
- **Increased reliance on alcohol, drugs, or unhealthy habits.**
- **Self-harm** or *thoughts of harming oneself (seek immediate professional support)*.

## Recognizing When You Might Be Depressed

If you experience *several of these symptoms most days for at least two weeks*, depression may be affecting your daily life.

- ✓ **Mild Depression:** You can still function but *struggle with motivation and enjoyment*.
- ✓ **Moderate Depression:** Your *work, relationships, or social life are significantly impacted*.
- ✓ **Severe Depression:** *Daily life feels overwhelming*, and you may have *thoughts of self-harm or suicide*.



#### Quick Self-Check: Is This Depression?


If you answer "**Yes**" to **two or more** of the following, consider speaking to your GP:


- ✓ Have you felt **persistently low, sad, or hopeless** most days for the past two weeks?
- ✓ Have you **lost interest or pleasure** in activities you usually enjoy?
- ✓ Are you **struggling with sleep, appetite, energy, or concentration**?
- ✓ Have you had **thoughts of self-harm or suicide**? (*Urgent help is available—see crisis support section.*)

## When to Seek Help

It's important to reach out for help if:

- Symptoms **persist** for more than two weeks.
- Your mood **prevents you** from carrying out daily activities.
- You experience **suicidal thoughts** or feel unable to cope.

 **Speak to your GP** – they can *assess your symptoms* and discuss the *best treatment options*.

 **In an emergency**, call 999, go to A&E, or contact Samaritans (116 123) for 24/7 confidential support.

## Section 3: What Causes Depression?

Depression is a *complex condition with multiple contributing factors*. Some people experience depression due to *specific life events*, while others develop it *without an obvious trigger*. The causes are often a *mix of biological, psychological, and social factors*.

### 1 Biological Factors

- ✓ **Brain chemistry imbalance** – Low levels of neurotransmitters like *serotonin, dopamine, and noradrenaline* are linked to depression. These chemicals help regulate mood, motivation, and stress response.
- ✓ **Genetics** – Having a *family history* of depression *increases risk*, but it does *not guarantee* you will develop it. Depression arises from a mix of genetic and environmental factors.
- ✓ **Hormonal changes** – Depression can be triggered by *pregnancy, childbirth (postnatal depression), menopause, thyroid disorders, and chronic stress*, which all affect hormone balance.
- ✓ **Chronic illness & inflammation** – Conditions like *diabetes, heart disease, chronic pain, and autoimmune disorders* increase depression risk. *Emerging research suggests gut health and inflammation* may play a role in mood regulation.

### 2 Psychological Factors

- ✓ **Negative thinking patterns** – People prone to *self-criticism, perfectionism, and negative self-talk* are at higher risk. Cognitive distortions (e.g., overgeneralizing failures) can *reinforce depression*.
- ✓ **Low self-esteem** – A *long history of feeling unworthy or inadequate* can contribute to depression, making it difficult to seek support.
- ✓ **Past trauma & adversity** – Childhood *neglect, abuse, bullying, or other stressful experiences* increase long-term vulnerability. Unresolved trauma can alter brain function and increase stress sensitivity.
- ✓ **Personality type & stress response** – Some people *naturally experience emotions more intensely* or are *more sensitive to stress*, which can make them more prone to depression.

### 3 Social & Environmental Factors

- ✓ **Stressful life events** – Depression can be triggered by:
  - **Bereavement** (losing a loved one).
  - **Relationship breakdowns** (divorce, separation, family conflict).
  - **Financial struggles** or *job loss*.
  - **Chronic caregiving stress** (e.g., looking after a sick relative).
- ✓ **Long-term stress** – Ongoing pressures, such as *work-related stress, discrimination, social isolation, or lack of support*, can increase depression risk.

- ✓ **Substance use & medications** – Alcohol, recreational drugs, and certain medications (e.g., some blood pressure meds, steroids, and hormonal treatments) can contribute to or worsen depression.
- ✓ **Social isolation** – Feeling *disconnected from family, friends, or a community* can increase depression risk. Strong social connections are protective against mental illness.

## **Why Can Depression Occur Without a Clear Reason?**

Sometimes, people experience depression *without an obvious trigger*. This doesn't mean it's "all in your head." The *brain and body can gradually shift into a depressive state* due to a combination of *biological and psychological factors*. Chronic stress, *even at low levels over time*, can rewire the brain's emotional response system.

## **Understanding Risk vs. Resilience**

- ✓ **Risk factors** increase the likelihood of developing depression.
- ✓ **Protective factors** help *build resilience* and *reduce risk*.

### **◆ Protective factors include:**

- **Regular physical activity** – Exercise boosts *endorphins and serotonin*, helping to regulate mood.
- **Strong support networks** – Having *trusted friends or family members* reduces stress.
- **Healthy coping strategies** – Managing stress with *therapy, journaling, mindfulness, or hobbies* can prevent depression.
- **Good sleep & nutrition** – A *balanced diet and proper sleep habits* support mental well-being.

## **Key Takeaway**

Depression is *not a sign of weakness*—it is a *real medical condition* influenced by *multiple biological, psychological, and social factors*. Understanding *your own risk factors* can help you *take early action* and access the *right support*.

## Section 4: Treatments Available in Primary Care

Most people experiencing depression *first seek help from their GP*. The good news is that *effective treatments are available*, and your GP will help determine the *best approach based on symptom severity, medical history, and personal preferences*.

### How Does a GP Assess Depression?

At your appointment, your GP will:

- ✓ **Ask about your mood, thoughts, and daily life.**
- ✓ Use **screening questionnaires** (such as *PHQ-9*) to assess symptoms.
- ✓ **Rule out other causes** (e.g. thyroid disorders, anaemia).  
Routine blood tests may be offered to check for underlying physical health issues that can contribute to low mood. Your GP may request additional tests if there are clinical clues such as memory issues, pins and needles, or if the initial blood test results show changes requiring further investigation.
- ✓ **Discuss treatment options** based on your symptoms and preferences.

### Treatment Options in Primary Care

The best treatment depends on *the severity of depression* and what has worked for you in the past. Your GP may recommend *one or a combination* of the following:

#### **1 Lifestyle-Based Interventions**

Your GP may recommend evidence-based lifestyle changes that can significantly improve mood. These are often recommended as first-line interventions, particularly for mild to moderate depression, and can be used alongside other treatments.

- ✓ **Physical Activity** – Regular exercise has antidepressant effects comparable to medication. Even 30 minutes of brisk walking, cycling, or swimming on *3–5 days per week* can improve mood, reduce stress, and boost energy levels.
- ✓ **Dietary Changes** – A Mediterranean-style diet, rich in *omega-3 fatty acids*, whole grains, fresh fruit and vegetables, and *lean protein*, has been linked to better mental health and reduced inflammation.

*A balanced diet also helps ensure you're getting all the essential vitamins and minerals your brain and body need to function well.*

If you're concerned your diet may be lacking, it's reasonable to try a *general over-the-counter multivitamin* for a month or two.

In most people with a balanced diet and no dietary restrictions, medical conditions, or medications that impair absorption, additional supplements are not usually necessary.

- ✓ **Sleep Optimisation** – Good quality sleep is vital for mental health. Poor sleep worsens depression, and depression disrupts sleep—creating a vicious cycle.

Your GP may recommend techniques from *CBT for Insomnia (CBT-I)*, which can improve sleep patterns and reduce symptoms.

- ✓ **Sunlight & Vitamin D** – Especially important for people with *seasonal depression (SAD)* or those spending little time outdoors.

Low vitamin D levels are common in the UK, particularly in winter. Consider *getting more daylight* (with appropriate sun protection to avoid harmful UV rays) and/or taking a *vitamin D supplement*, especially between October and March.

## 2 Talking Therapies (First-Line Treatment)

Talking therapies (psychological treatments) *are highly effective*, especially for *mild to moderate depression*. Your GP can refer you for:

- ✓ **Cognitive Behavioural Therapy (CBT)** – The most evidence-based therapy for depression, helping you *identify and change negative thought patterns*.
- ✓ **Counselling or Interpersonal Therapy** – Helps process *emotions, past trauma, and relationship difficulties*.
- ✓ **Guided Self-Help** – NHS-approved *online CBT courses* (such as *SilverCloud* or *Living Life to the Full*).
- ✓ **Group Therapy** – Support groups or *structured therapy sessions* with others experiencing similar struggles.

### Access to Talking Therapies:

- 📞 **NHS talking therapy services** (*Let's talk*) are *free*, but waiting times can vary.
- 💻 **Private therapy** is available (£40-£100 per session).
- 🏢 Some **employers offer counselling** via **Employee Assistance Programs (EAPs)**.

📞 **Self-refer** to NHS Talking Therapy (*Let's Talk*): 0800 073 2200

🌐 **Online referral:** [www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)

## 3 Antidepressant Medications

For *moderate to severe depression*, medication may be offered, often *alongside therapy*.

### Common Antidepressants Prescribed in Primary Care:

- ✓ **SSRIs** (Selective Serotonin Reuptake Inhibitors) – *First-line medications*, e.g.:

- Sertraline
- Citalopram
- Fluoxetine

✓ **SNRIs** (Serotonin-Noradrenaline Reuptake Inhibitors) – Used if *SSRIs aren't effective*, e.g.:

- Venlafaxine
- Duloxetine

✓ **NaSSA** (Noradrenergic and Specific Serotonergic Antidepressant)

- Mirtazapine – May be used if *insomnia or appetite loss* is a problem.

✓ **Tricyclic Antidepressants** – (e.g. *Amitriptyline, Lofepramine*) – Occasionally used for *certain patients* but have *more side effects*.

### **Key Information About Antidepressants:**

- ✓ They usually *take 2–6 weeks to start working*.
- ✓ Some people feel worse before they feel better – *increased anxiety or agitation is common early on*, but this usually settles.
- ✓ *Side effects vary* by drug and individual, but may include nausea, dizziness, weight changes, sexual dysfunction, or sleep issues. These often *improve after the first 1–2 weeks*. If side effects are severe or persistent, speak to your GP.
- ✓ Most patients *tolerate medication reasonably well*, but side effects and benefits should be monitored.
- ✓ *Interactions with other medications or supplements* are possible, so it's important to let your GP know about *everything you're taking*.
- ✓ In some cases, medication may require *ECG monitoring* (e.g., combinations that affect heart rhythm) or *psychiatric review*.
- ✓ Do *not stop antidepressants suddenly* – always speak to your doctor. Coming off medication too quickly can cause *withdrawal symptoms* (dizziness, flu-like symptoms, mood changes), or a *relapse in symptoms*. A gradual reduction under supervision is advised.
- ✓ If you continue medication long-term, your GP should review your treatment regularly to ensure it is still helpful and appropriate.



## ◆ What to Expect: The Treatment Journey



## When is Referral to Secondary Care Needed?

Most people *can be managed in primary care*, but in certain cases, a GP may refer you to *specialist mental health services*.

You may be referred if:

- ✓ Depression is **severe, recurrent, or not improving** with first-line treatment.
- ✓ You experience **suicidal thoughts** or self-harm.
- ✓ You have **psychotic symptoms** (e.g., hallucinations, delusions).
- ✓ A more **intensive or specialist approach** (e.g., crisis team, psychiatrist review) is needed.

### **Important Note:**

- ◆ *Secondary care mental health services are under strain, and referrals are prioritised for those most in need.*
- ◆ *If you are referred, there may be a waiting period, but your GP will continue to support you in the meantime.*

## Key Takeaways

- ✓ *Most people with depression can be treated effectively by their GP.*
- ✓ *Talking therapies and medication are both effective, and the best approach depends on individual needs.*
- ✓ *Lifestyle changes are a key part of recovery and can improve long-term outcomes.*
- ✓ *If depression is severe or complex, specialist mental health services may be involved.*

## Section 5: Evidence-Based Self-Help Toolkit

Self-help strategies can *significantly improve symptoms of depression* and are often recommended *alongside therapy or medication*. These approaches are *backed by clinical research, NICE/SIGN guidelines, and mental health organizations*.

### 1 Lifestyle-Based Strategies

#### A. Physical Activity – A Natural Antidepressant

- ✓ *Regular exercise has been shown to be as effective as medication* for mild to moderate depression (NICE).
- ✓ Aim for *150 minutes of moderate exercise per week* (e.g., brisk walking, cycling, swimming).
- ✓ If you're struggling with motivation, *start with 5–10-minute walks daily* and build up gradually.

##### **Why it works:**

- ✓ Boosts *serotonin and dopamine* (mood-enhancing neurotransmitters).
- ✓ Reduces *stress hormones (cortisol)*.
- ✓ Increases *energy levels and sleep quality*.

💡 **Try:** Free NHS *Couch to 5K* running app or *home workouts* from [www.nhs.uk/live-well/exercise](https://www.nhs.uk/live-well/exercise)

#### B. Nutrition – The Role of Food in Mental Health

A **Mediterranean-style diet** rich in:

- ✓ *Omega-3 fatty acids* (found in oily fish, walnuts, flaxseeds)
- ✓ *Whole grains, fruit, and vegetables* (support gut health and inflammation control)
- ✓ *Lean proteins* (support neurotransmitter production)

##### **Avoid:**

- ✗ *Highly processed foods & excessive sugar* (linked to worsening mood)
- ✗ *Excess alcohol & caffeine* (can disrupt sleep and increase anxiety)
- ◆ Consider *Vitamin D supplements* if you get little sunlight—deficiency has been linked to *low mood*.

### **C. Sleep – Optimising Restorative Rest**

Poor sleep worsens depression, and depression disrupts sleep—creating a vicious cycle.

- ✓ Stick to a consistent bedtime and wake time (even on weekends).
- ✓ Reduce screen time before bed—blue light disrupts melatonin.
- ✓ Avoid caffeine after midday.
- ✓ Try progressive muscle relaxation or CBT for Insomnia (CBT-I) techniques.

💡 While **Sleepstation** is a well-known NHS-supported CBT-I programme, it is only free in some areas (currently not in Cirencester), however there is a grant of £135 available towards the cost.

💡 Other CBT-I resources include:

- **NHS Every Mind Matters** sleep tips: [www.nhs.uk/every-mind-matters](http://www.nhs.uk/every-mind-matters)
- **Free online CBT-I** advice: [www.sleepfoundation.org/insomnia/treatment/cognitive-behavioral-therapy-for-insomnia](http://www.sleepfoundation.org/insomnia/treatment/cognitive-behavioral-therapy-for-insomnia)

## **2 Mental Techniques & Cognitive Strategies**

### **A. Challenging Negative Thinking (CBT-Based Strategy)**

Depression often leads to *negative thought patterns*. Try this *thought challenge* exercise:

- ◆ **Step 1:** *Identify* a negative thought (e.g., "I'm a failure.").
- ◆ **Step 2:** *Look* for evidence for and against the thought.
- ◆ **Step 3:** *Create* a balanced alternative thought (e.g., "I made a mistake, but I've also succeeded in other areas.").

✓ Practicing *thought reframing* daily can *weaken depressive thought cycles*.

💡 **Resource:** NHS CBT self-help guides and workbooks from Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW): 🌐 [www.web.ntw.nhs.uk/selfhelp](http://www.web.ntw.nhs.uk/selfhelp)

### **B. Structured Daily Routine – Activity Scheduling**

- ✓ Depression *reduces motivation*, making *simple tasks feel overwhelming*.
- ✓ *Activity scheduling* helps *restore structure and rebuild motivation*.

💡 **Try this approach:**

1. **List 3 small tasks** each day (e.g. making bed, going outside, call a friend).
2. **Track achievements**—even *minor tasks matter*.
3. **Celebrate small wins** to *rebuild confidence*.

### 3 Social & Emotional Support Strategies

#### A. Connecting with others.

- ✓ Depression *thrives in isolation*—even *brief social contact* can help.
- ✓ If talking feels difficult, *send a text or voice message* instead of avoiding contact.
- ✓ *Join local support groups or online communities*—knowing you're not alone is *powerful*.

#### 💡 UK Support Networks:

- *Mind Support Groups*: <https://sidebyside.mind.org.uk/>
- *HealthUnlocked Community*: <https://healthunlocked.com/mental-health>

#### B. Mindfulness & Relaxation

*Mindfulness-Based Cognitive Therapy (MBCT)* **is** NICE-recommended for *preventing recurrent depression*.

##### ✓ **Simple mindfulness exercises:**

- *5-minute breathing exercises*
- *Body scanning techniques* (focusing on sensations)
- *Grounding techniques* (naming 5 things you see, hear, and feel)

#### 💡 **Free mindfulness apps:**

- *Headspace* (beginners' guide to mindfulness)
- *Calm* (guided meditation)

💡 **Resource:** Free NHS mindfulness sessions: [www.freemindfulness.org](http://www.freemindfulness.org).

#### C. Digital Self-Help Tools

- **MoodGym** – An interactive program teaching *CBT techniques* to *prevent and manage depression and anxiety*.
  - 🌐 Website: [moodgym.anu.edu.au](http://moodgym.anu.edu.au)
- **Living Life to the Full** – A free *CBT-based online course* for improving mood.
  - 🌐 Website: [www.lltf.com](http://www.lltf.com)
- **SilverCloud** – An *NHS-approved online therapy program* offering guided CBT.
  - 🌐 Website: [www.silvercloudhealth.com](http://www.silvercloudhealth.com)

### Key Takeaways

- ✓ *Self-help strategies* can significantly improve symptoms and support recovery.
- ✓ *Exercise, sleep, nutrition, and routine* all play key roles in mood regulation.
- ✓ *Cognitive techniques (CBT), mindfulness, and social support* help break the cycle of depression.

◆ **Use these strategies alongside professional treatment—not as a replacement.**

## Your Next Steps

◆ **What is one small action you can take today?**  
(e.g., a short walk, a text to a friend, or setting a bedtime routine)






## Section 6: Special Considerations for Specific Groups

While depression affects people from all backgrounds, some groups may experience *different symptoms, face unique challenges, or need specialized support*. Recognizing these differences can help ensure people receive *the most appropriate care and interventions*.





### 1 Depression in Men – Why It's Often Missed

Men are *less likely to seek help* for depression and may express symptoms *differently from women*. This can lead to underdiagnosis or delays in treatment.

#### **Common Signs of Depression in Men:**

-  **Irritability & anger** rather than sadness.
-  **Physical symptoms** (back pain, headaches, digestive issues).
-  **Increased alcohol or substance use** to self-medicate.
-  **Avoidance behaviours** (working excessive hours, withdrawing socially).
-  **Risk-taking behaviour** (reckless driving, dangerous activities).






#### **Where to Get Support for Men's Mental Health:**

-  **CALM** (Campaign Against Living Miserably) – Suicide prevention support for men.  
 Website: [www.thecalmzone.net](http://www.thecalmzone.net)
-  **Andy's Man Club** – Free peer support groups across the UK.  
 Website: [www.andysmanclub.co.uk](http://www.andysmanclub.co.uk)


### 2 Postnatal Depression – Not Just for Mothers

Postnatal depression can affect *both mothers and fathers* and is *more than just 'baby blues'*. Without support, it can impact *parent-child bonding and long-term wellbeing*.

#### **Signs in New Parents:**

-  Persistent low mood, guilt, or disconnection from baby.
-  Feeling overwhelmed, anxious, or unable to cope.
-  Insomnia, even when baby is sleeping.
-  Withdrawing from partner, family, or baby.
-  Fathers/partners may feel helpless, irritable, or angry instead of sad.

## **Where to Get Support:**


 **PANDAS Foundation** (for both mums & dads) – Support and helpline.

 Website: [www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)


 **Tommy's** – Postnatal depression information & resources.

 Website: [www.tommys.org](http://www.tommys.org)

 **Shine** – Postnatal Support for Gloucestershire

 Website: [www.shine-support.org](http://www.shine-support.org)


## **3 Depression in Young People & Students**


 *1 in 5 young people experience depression before adulthood.* Early recognition and support are key to preventing long-term difficulties.

### **Challenges Faced by Young People:**

 Academic pressure and exam stress.

 Social media comparison & cyberbullying.

 Leaving home for university – loneliness, financial worries.

 LGBTQ+ youth face increased mental health risks due to stigma and discrimination.

## **Where to Get Help for Young People:**

 **YoungMinds** – Mental health support for under-25s.

 Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)


 **Student Minds** – Support for university students.

 Website: [www.studentminds.org.uk](http://www.studentminds.org.uk)

 **TIC+ (Teens in Crisis)** – Counselling support for ages 9-25.

 Website: [www.ticplus.org.uk](http://www.ticplus.org.uk)

## **4 Depression in Chronic Illness & Disability**

 People with *long-term health conditions* (e.g., diabetes, MS, chronic pain, arthritis, fibromyalgia) have a *higher risk of depression* due to *ongoing health challenges, pain, and lifestyle limitations*.

### **Managing Mental Health Alongside Physical Health:**

✓ **Seek specialist support** – Many conditions have *dedicated mental health services* (e.g., MS Society, Diabetes UK).

✓ **Pace yourself** – Adjust expectations and set *realistic goals*.


✓ **Mind-body therapies** – Techniques like *yoga, mindfulness, and breathing exercises* can help.

## **Support for Chronic Illness & Mental Health:**


### **Mind's Long-Term Conditions Support.**

 Website: [www.mind.org.uk](http://www.mind.org.uk)





### **Pain Concern Helpline.**

 Call: 0300 123 0789

## **5 Depression in Older Adults**

 *Depression is not a normal part of aging but is often overlooked in older people. Many older adults may not recognize their symptoms or seek help.*


### **Warning Signs in Older Adults:**

-  *Memory problems & confusion (can be mistaken for dementia).*
-  *Loss of interest in self-care, eating, or socializing.*
-  *Increased fatigue & sleep disturbances.*
-  *Feeling like a burden or hopeless about the future.*

### **Where to Get Help for Older Adults:**

 **Age UK Advice Line:** 0800 678 1602

 Website: [www.ageuk.org.uk](http://www.ageuk.org.uk)

 **Silver Line** (24/7 chat for older people): 0800 470 8090

## **Key Takeaways**

- ✓ *Different groups may experience depression in different ways.*
- ✓ *Men, new parents, students, people with chronic illness, and older adults may need specific support approaches.*
- ✓ *Specialized services are available for these groups—don't hesitate to reach out.*

## Section 7: Getting Help & Crisis Support

If you are struggling with depression, *help is available*. Whether you need urgent support, advice, or long-term treatment, there are *several trusted organizations* that can help.


### Urgent Mental Health Support

#### **Mental Health Crisis Team: 0800 169 0398**

- *Option 1 for Stroud and Cirencester* (Available 24/7).
- If asked to leave a message, staff will *return your call within one hour*.

 *If there is an immediate danger to life, call 999 or go to your nearest A&E.*


### Helplines & Mental Health Support Services

 **Samaritans:** Provides a safe space to talk *any time, in your own way*—about whatever's troubling you.

- *Telephone:* 116 123 (Free, 24/7)
- *Website:* [www.samaritans.org](http://www.samaritans.org)

 **Mind:** Offers *advice and support* to empower anyone experiencing a mental health problem.

- *Telephone:* 0300 123 3393
- *Website:* [www.mind.org.uk](http://www.mind.org.uk)


 **Rethink Mental Illness:** Provides *expert, accredited advice and information* to everyone affected by mental health problems.

- *Telephone:* 0300 5000 927
- *Website:* [www.rethink.org](http://www.rethink.org)


 **Royal College of Psychiatrists:** Offers *information and resources* on mental health conditions, treatment, and recovery.

- *Website:* [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

### Other Mental Health Support Services

 **Let's Talk (NHS Talking Therapies):** Free NHS service for talking therapy & CBT.

- *Self-referral:* 0800 073 2200
- *Website:* [www.talk2gether.nhs.uk](http://www.talk2gether.nhs.uk)


 **CALM (Campaign Against Living Miserably):** Specialised support for men struggling with mental health.

- *Telephone:* 0800 58 58 58
- *Website:* [www.thecalmzone.net](http://www.thecalmzone.net)



 **TIC+ (Teens in Crisis):** Counselling support for *young people (ages 9-25)*.

- Telephone: 0800 652 5677
- Website: [www.ticplus.org.uk](http://www.ticplus.org.uk)

 **Silver Line:** Confidential **24/7 helpline for older adults.**

- Telephone: 0800 470 8090
- Website: [www.thesilverline.org.uk](http://www.thesilverline.org.uk)

 **PANDAS Foundation:** Supporting *parents experiencing postnatal depression.*

- Telephone: 0808 1961 776
- Website: [www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)

## **Key Takeaways**

- ✓ *If you need urgent help, don't wait—support is available.*
- ✓ *For non-urgent mental health support, reach out to your GP or a specialist organization.*
- ✓ *You are not alone—help is out there, and recovery is possible.*

## **Section 8. Further Information & Seeking Help**


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If you need further advice or support locally, there are multiple ways to get help:

 **Online Triage Form** – If you are registered with the practice, you can complete an *online triage form* on our website: <https://cirencesterhealthgroup.co.uk/>


A clinician will review your request and respond accordingly.

 **Call the Practice** – If you need (*non-emergency*) *advice or to talk to a professional*, you can contact our reception team to book an appointment with a GP or mental health professional.

 **Call NHS 111** – For if you need *urgent* medical advice (but *not a life-threatening*) *emergency*, available 24/7 for free.

 **Mental Health Crisis Team:** 0800 169 0398 – If you need *urgent mental health support*, you can contact the *Crisis Team* 24/7.

- *Option 1 for Stroud and Cirencester.*
- If asked to leave a message, staff will *return your call within one hour.*

 **Call 999 or Visit A&E** – If you are in *immediate danger*, experiencing *suicidal thoughts with intent to act*, or have harmed yourself and need urgent medical care, please call **999** or go to your nearest *Accident & Emergency (A&E) department.*